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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

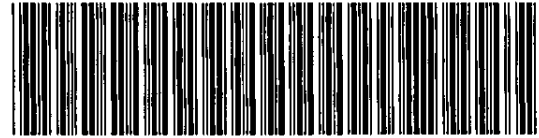
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATE AFFAIRS
2016 NOV -3 PM 2:15

EFFECTIVE DATE 11/01/16

11/08/16

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TACFR INDUSTRIES INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DAVID MARK DECHERD

Name (Printed or typed)

6900-29 DANIELS PARKWAY #189

Address

FORT MYERS, FL. 33912

City, State & Zip

239-271-7785

Daytime Telephone number

HR@TACFR.COM

E-mail address: (to be used for future annual report notification)

EIN: 81-4193270

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: TACFR INDUSTRIES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2350-4 BRUNER LANE

FORT MYERS, FL. 33912

Mailing address, if different is:

6900-29 DANIELS PARKWAY

189

FORT MYERS, FL. 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LEGAL COMMERCE

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID MARK DECHERD CEO

Address 6900-29 DANIELS PARKWAY

189

FORT MYERS, FL. 33912

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS
2018 NOV -3 PM 2:15

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID MARK DECHERD
Address: 2350-4 BRUNER LANE
FORT MYERS, FL. 33912

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DAVID MARK DECHERD
Address: 2350-4 BRUNER LANE
FORT MYERS, FL. 33912

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/01/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent
10/30/2016
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator
10/30/2016
Date